

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001986

1. Corporation Name

CONTEMPORARY MUSIC COOPERATIVE CORP.

Principal Place of Business

P.O. BOX 833142  
MIAMI FL 33283-3142

Mailing Address

P.O. BOX 833142  
MIAMI FL 33283-3142

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90092 013 \*\*\*\*61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/09/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0783684

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUTRERA, ANTHONY  
9453 S.W. 76 STREET  
APT. S-7  
MIAMI FL 33173

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE  
NAME CUTRERA, ANTHONY  
STREET ADDRESS 16201 S.W. 95TH AVE., #109  
CITY-ST-ZIP MIAMI FL 33157

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

14390 SW 98 Terrace  
Miami, FL 33186

TITLE V ☐ DELETE  
NAME BILLINGTON, ROBERT  
STREET ADDRESS P.O. BOX 833142 (N/A)  
CITY-ST-ZIP MIAMI FL 33283-3142

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S ☐ DELETE  
NAME LETONA, MARIA  
STREET ADDRESS P.O. BOX 833142 (N/A)  
CITY-ST-ZIP MIAMI FL 33283-3142

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME KAM, DENNIS  
STREET ADDRESS UNIVERSITY OF MIAMI SCHOOL OF MUSIC  
CITY-ST-ZIP CORAL GABLES FL 33124

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME FLOYD, J. B. DR.  
STREET ADDRESS 4841 S.W. 64 CT.  
CITY-ST-ZIP MIAMI FL 33155

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME ACEBO, MANUEL  
STREET ADDRESS 7384 S.W. 80 STREET, APT. #25  
CITY-ST-ZIP MIAMI FL 33143

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E037 (11/98)